MAXIMUS Federal Services

| Case Number: | CM15-0210643 | | |
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| Date Assigned: | 10/29/2015 | Date of Injury: | 03/29/2010 |
| Decision Date: | 12/11/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Washington, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female who sustained an industrial injury on 03-29-2010. Medical records indicated that the injured worker is undergoing treatment for low back pain, lumbar degenerative disc disease, lumbar spondylosis, muscle pain, numbness, neuropathic pain, and chronic pain. Comorbid conditions include obesity (BMI 44.8) and gastroesophageal reflux disease. The injured worker is currently able to work full duty. Treatment and diagnostics to date has included aqua therapy, home exercise program, H-wave unit treatment, and medications. Recent medications have included Gabapentin, Voltaren XR (since at least 07-22-2015), Prilosec (since at least 07-22-2015), Gralise, Vitamin D, Calcium, and Magnesium. Subjective complaints (07-22-2015 and 09-23-2015) noted continued low back and left leg symptoms rated 8-10 out of 10 on the visual analog scale without medications and 5-7 out of 10 with medications. Objective findings on 09-22-2015 included increased lumbar spine pain with extension and tenderness over the lumbar paraspinals. Straight leg raises were normal. Motor and sensory exams were normal. The request for authorization dated 09-25-2015 requested Aquatic therapy, car seat cushion, Gralise (2 strengths), Voltaren XR 100mg #60, and Prilosec 20mg #60. The Utilization Review with a decision date of 10-02-2015 denied the request for Voltaren XR 100mg #60, Prilosec 20mg #60, and 1 car seat cushion.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Voltaren XR 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Voltaren (Diclofenac) is a non-steroidal anti-inflammatory medication (NSAID). The XL version of this medication is formulated for once per day dosing. NSAIDs as a group are recommend for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. Moreover, when treating chronic low back pain the MTUS recommends NSAIDs be used only for exacerbations of pain. The guidelines further note that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. However, if used, Diclofenac must be used cautiously in patients with heart disease as research has shown use of this medication is associated an increased risk of cardiac events. This patient has had stable chronic low back pain for over 12 weeks. The records do not show instructions to the patient for use of this medication only for exacerbations. Given all the above information for continued use of this medication is not medically necessary and has not been established.

**Prilosec 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Omeprazole (Prilosec) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use daily (20 mg per day) to treat or prevent dyspepsia or peptic ulcer disease secondary to long-term use of non-steroidal anti-inflammatory medications (NSAIDs) in patients that are symptomatic or at intermediate risk of developing gastric problems from the NSAIDs. This patient is not on an approved chronic NSAID medication regime although she does suffer from gastroesophageal reflux disease (GERD). The provider has prescribed this medication to limit worsening GERD symptoms related to use of all her prescribed medications. This is appropriate in that her other medications may also cause gastroesophageal symptoms. The request is medically necessary and has been demonstrated.

**Car seat cushion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Brienza D, Kelsey S, Karg P, et al. A Randomized Clinical Trial on Preventing Pressure Ulcers with Wheelchair Seat Cushions. Journal of the American Geriatrics Society. 2010; 58(12):2308-2314.

**Decision rationale:** An orthopedic pillow is a pillow designed to correct body positioning in bed or while lying/sitting on any other surface. The pillows are made from a number of substances to include foams, gels or water. It is designed to conform with orthopedic guidelines to ensure the right placement and support of one or more specific parts of the body and to provide safe and healthy rest. When used as a seat cushion it will decrease the formation of pressure sores or ulcers. It is, therefore, recommended for use in patients who are wheelchair bound. There are no evidence-based studies or guidelines that address effectiveness of this therapeutic modality in treating low back pain or buttock pain of an orthopedic origin, such as experienced by this patient. At this point in the care of this patient for use of this modality is not medically necessary and has not been established.